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ABSTRACT

An evaluation was conducted of the effectiveness of a Scottish training guide for vocational dentistry, which outlined a year's curriculum and was intended to structure the apprentice-like training experience. Methods included semistructured interviews with four developers, interviews with eight trainers and four trainees, and a survey of 63 trainers and 63 trainees (40 and 37 responses respectively). The study found that the guide was perceived as attractive and "user-friendly" by both trainees and trainers. However, it was perceived as peripheral to the training (despite the fact that it covered the content of the training year well). Recommendations included the following: (1) trainers should have access to the guide well in advance of receiving their trainees and also should receive instruction on the problems of establishing a structure for the training year that offers the guide and task-based learning as a solution; (2) trainees should receive instruction that builds their expectations about the guide in relation to the basic competencies covered rather than the curriculum structure the guide offers; and (3) help should be given trainers to develop a series of tutorials that capitalize on the strengths of the guide. (The appendix contains the data and a copy of the questionnaire.) (CML)

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The Dental Training Guide An Evaluation

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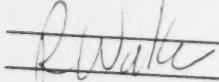
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Report arising from an evaluation of the Scottish Dental Vocational Training Committee's Training Guide at the request of the Scottish Council for Post Graduate Medical Education

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1 Background and method

In early 1992, the Scottish Council for Research in Education was invited to conduct an evaluation of the effectiveness of the Training Guide produced in the Centre for Medical Education, Ninewells Hospital and Medical School in Dundee under the aegis of the Scottish Dental Vocational Training Committee. The Guide was developed to support both trainers and trainees working together in dental practices in vocational training schemes throughout Scotland.

Vocational training in dentistry is a comparatively recent development. When the training schemes were initially set up, the main priority was to ensure that they were effectively administered and that the financial arrangements necessary to enable general practitioners to equip a surgery for a trainee were firmly in place. When the vocational training schemes were first established, therefore, issues relating to general practice management within the context of vocational training took precedence over the development of training expertise. The production of the Training Guide represented an attempt to shift the emphasis towards improving the skills needed for successful one-to-one training.

We began our study in February, 1992. Our first step was to conduct semi-structured interviews with four key individuals involved in the development and production of the Guide. We then interviewed a total of eight trainers and trainees from three of the four vocational training schemes operating in Scotland. Three of the four trainers had had a minimum of two years experience as trainers: the fourth was completing her first year as a trainer. The trainees were those working at that time with the trainers we interviewed. The purpose of these interviews was to find out the range of issues involved: to identify the objectives of the policy-makers and producers involved in the development and production of the Guide; and to identify how both trainers and trainees used it in a variety of training practices.

These interviews were transcribed and shared among the research team. The data which emerged from them provided the basis for the next stage of our study: a questionnaire survey of the views of all trainers and trainees involved in vocational training schemes throughout Scotland at that time. We constructed two questionnaires: one addressed to all trainers (63), the second to all trainees (63) on the four schemes. We received completed questionnaires from forty trainers and thirty-seven trainees. This represents a response rate of sixty-three and fifty-seven per cent respectively.



Research questions

Although the primary focus of our evaluation was the Training Guide, our interviews demonstrated the importance of viewing its use in the broader context of the one-to-one training relationship built up between trainer and trainee. The research questions we addressed, therefore, took account of this perspective as well as of more obvious issues of utility and value:

- 1 The Guide is an innovation in vocational training. Has it been effectively introduced and what guidance were trainers and trainees given in its use?
- 2 What impact did trainers and trainees claim the Guide had on the vocational training experience and how was it used?
- 3 Our interviews suggest that both trainers and trainees place great emphasis on a strong one-to-one training relationship. What is the relative importance of this relationship in the broader context of the scheme? What is it about the training environment, for example the one-to-one relationship built up between trainer and trainee, that might have implications for the Guide?
- 4 In addition to these basic questions we were interested to know whether the views of trainers and trainees differed. In our analysis of the questionnaire data, we therefore explored whether there were significant differences between these two groups.*

This report is divided into nine sections, of which this is the first. Section 2 takes the form of a brief description of the Guide and an explanation of its rationale. We then set the Guide in the context in which it was intended to operate and explore the concept of the task-based approach to learning upon which it is built. In section 3 we address our first research question by looking at the way in which the Guide was introduced to both trainers and trainees. We also look at the nature of the guidance they were given in its use.

Sections 4 to 7 focus on our second research question. In section 4, we look at trainers' and trainees' initial impressions of the Guide. In section 5 we look at how often both groups used it and how helpful they found it in general. Section 6 presents a more detailed analysis of the extent to which trainers and trainees used the various sections and subsections of the Guide and how valuable they found them. We also look at the broader patterns of Guide use which emerge from the questionnaire data. In section 7 we look at the impact of the Guide on the development of the trainees' expertise in a variety of areas relating to general practice.

*For the purposes of this study, significant differences are only claimed if they occur at the 0.05 level.

Section 8 represents our attempt to find an answer to our third research question. Here we broaden the focus somewhat and look at how trainers and trainees rated the importance of different aspects of the vocational training year and further explore the role of the Guide in this. The final section of the report (Section 9) encompasses our recommendations for the future of the Guide as a training resource.

2 The Guide in context: a task-based approach to learning

a) Structure

The Guide is divided into nine sections, the first seven of which are structured around seven 'tasks' frequently carried out by general dental practitioners. Each of these sections comprises the following subsections: communicating; diagnosis; planning and implementing treatment; management, fees and remuneration; self-assessment and additional learning resources. It is clear from the above list that this phase of dental education encompasses a far broader range of skills than the technical ones that are the main focus of the undergraduate phase. Although the authors of the Guide shy away from providing a rigid timetable, the time allotted to each task is four weeks. Section 8 of the Guide comprises an overview of the aims of the training year and recommended procedures and techniques. It also provides an objectives/mastery grid which is intended to act as an advance organiser to enable trainees (and trainers, although the Guide is not specifically addressed to this group) to identify the competences trainees are required to achieve in relation to each task. Section 9 takes the form of a reference section and some suggested topics for in-practice discussions.

b) Basic rationale

Right at the beginning of the Training Guide, trainees are made aware of the three sources of help and advice available to them:

- 1 Your trainer
- 2 The day-release course
- 3 This training guide

While recognising the essentially social nature of the training experience and the key role played by the trainer in the successful induction of trainees into the realities of general dental practice, the producers of the Guide were also seeking to impose some structure on what might otherwise be a rather haphazard learning process. As one policy-maker told us: 'I think the aim of the whole thing was to have a curriculum or a planned learning experience during this vocational training year'. He saw the Guide as 'an outline of the year's curriculum and as a mechanism which would link the different elements of the vocational training programme, namely the day-release courses and the time trainees spent in practice: 'it was not seen as a kind of separate programme, but as an integral part of the whole programme'.

There are, however, clear differences of opinion between policy-makers in this regard. Another policy-maker told us in interview: 'My own feeling is there is no need for a training guide to really have any connection with the day-release part of the course'. He saw the Guide primarily as a support for trainers: 'although they get an induction course, when they get back to their surgeries they're going to need something just to gather their thoughts'. His views are echoed by an experienced trainer we interviewed: '[the Guide] is a loose framework over which a new trainer can plan his in-practice tutorials and his in-practice training...It gives them things they should be covering, things they should be looking for'.

The focus for trainees' learning, the first policy-maker went on to explain, 'was not the textbooks or the subject headings and the diseases as they would have in the undergraduate curriculum, but the job they were doing as a dentist'. It was also intended to support the relationship between trainee and trainer by complementing in-practice discussions and tutorials. Indeed, the relative inexperience of many trainers made one policy-maker see this aspect as particularly important.

c) Task-based learning

Those who were responsible for writing the Guide were at pains to point out that it is not just learning to do a task that is important. The vocational training year is about more than refining competences already acquired in the undergraduate phase of dental education, although it is acknowledged that the refinement of such skills is very much part of the trainee's experience during the year. In the view of those who wrote the Guide, trainees should be encouraged to make each of these tasks a focus for developing a variety of competences which extend beyond technical clinical skills. This enhancement of a 'curriculum of tasks' by a 'curriculum of competences' lies at the heart of the 'task-based learning' approach on which the Guide was built. As is explained in the introduction to the Guide (section 1.3):

In this sort of learning management of patients with a caries problem, for instance, is an opportunity to look, not only at treatment of caries, but also at communicating effectively with the patient, getting your educational message through, and relating time and cost to the treatment plan.

It was felt by those who wrote the Guide that the technical skills offered a powerful vehicle onto which could be attached a curriculum of competences spread across the vocational year. To cover these competences, trainees would have to focus on the curriculum of tasks set out in the Guide and summarised in section 6. We will return at a later stage in the report to consider how this in fact reflects the way in which the vocational year is managed in most practices.

3 The Guide: introduction and guidance for use

In section 2 we described the Guide and its rationale. In this section we will move on to our questionnaire data which suggest that the Training Guide was introduced to its users in a variety of ways and on substantially different timescales. As Tables 1 and 2 below indicate, the distribution of the Guide to both trainers and trainees was spread over a long period.

In the questionnaires, both trainers and trainees were asked whether they had received the Guide at an appropriate time. Trainers were generally more satisfied with the timing of its distribution than trainees: ninety-five per cent of trainers replied in the affirmative, although some expressed misgivings. Of the fourteen trainers who had misgivings, nine indicated that they had received it too late for it to be of any use. One respondent had not yet received a copy. Lateness in distribution was also a factor commented upon by the trainees who were dissatisfied with the timing of its distribution.

Table 1 *Date when trainers reported receiving their copy of the Guide*

Month	Number of Trainers* (n=39)			
	1989	1990	1991	1992
January		1	3	2
February				
March				4
April				
May		1		
June				
July		1		
August		2	3	
September		1	1	
October		3	2	
November	2	4		
December		2		

*7 Trainers did not give a date of receipt

Table 2 Date when trainees reported receiving their copy of the Guide

Month	Number of Trainees* (n=37)	
	1991	1992
January		9
February		2
March		1
April		1
May		2
June		
July		
August	8	
September	9	
October	2	
November	1	
December	1	

*1 Trainee did not give a date of receipt

Eighty per cent of trainers had received their copy of the Guide from the adviser on their scheme, as opposed to forty-six per cent of trainees. Forty-one per cent of trainees said that they had received the Guide from their trainer. Five per cent of trainers got their copy from their trainee.

Directions for use

What advice were trainers and trainees given about how to use the Guide as a training resource? Our questionnaire data suggest that participants saw the advice given to both groups at trainers' and trainees' induction meetings as being of a very general nature: the emphasis was very much on encouraging both trainers and trainees to use their professional discretion and to 'dip in' to the Guide as the need arose. Both groups were exhorted to 'read, digest, use what suits you'. In the Guide itself, users are encouraged to take the line suggested by the six icons used throughout the text. The icons represent the following recommendations: 'recommended reading in a book or journal; discuss a subject with trainer, and sometimes with peers or the practice staff; respond to a question; view a videotape; watch your trainer in action; embark on some sort of activity, assignment or analysis'. These are intended to guide trainees through a series of activities designed to help them derive maximum benefit from their training year.

Trainers were also encouraged to use the Guide retrospectively to check on the areas of clinical practice to which their trainees had been exposed. There is evidence from our interview data that some trainers,

and experienced ones at that, were heeding this advice. As one trainer told us: 'I quite often consult sections eight and nine [Overview and Learning Resources and in-practice discussions] to make sure that I'm not missing anything'.

Fifty-nine per cent of the trainers who responded to our questionnaire, and sixty-five per cent of the trainees were generally satisfied that the advice on how to use the Guide they had been given was either very adequate or fairly adequate. A significant minority, however, twenty per cent and sixteen per cent respectively, felt that there was room for improvement in this area. There were few specific recommendations as to how the perceived deficiencies in the provision of guidance could be remedied. Two trainees and one trainer pointed out that the existing guidance would have been more useful had the Guide been distributed earlier. Another trainee felt that 'more use of it should have been encouraged'. This sentiment is echoed in the calls for 'more active guidance' by one trainer and for 'more detail of its use' by a trainee. As one of the policy-makers pointed out '[the Guide] was never intended as a kind of stand alone thing, just to be handed to trainers and trainees'. Our main findings on how the Guide was introduced can therefore be summarised as follows:

- the Guide was introduced in a rather piecemeal fashion
- many practices received the Guide too late: some trainers and trainees had evolved their own training practices by the time they received it
- how the Guide was to be used was left very much to the discretion of its users: there were calls for clearer guidelines on its use

In this section we have looked at the circumstances of the Guide's introduction to its users. We have also looked at what kind of advice was made available to trainers and trainees as to how to make the best use of it. We will now turn to the initial responses of both these groups to the Guide itself.

4 The Guide: first reactions

Both groups were asked to indicate what they could recall of their initial reactions to the appearance and content of the Guide, and its potential value as a training aid. As Table 3 shows, trainers reacted more positively than trainees to its appearance. There was no significant difference between the two groups as far as their reactions to its content were concerned. As for trainers' and trainees' views on its potential value, 52% of the trainees who responded to the questionnaire thought it would be of value, whereas 57% of trainers thought it would be of value to their trainee.

Table 3 Trainers' and trainees' appreciation of the appearance, content and potential value of the Guide

	Trainers %	Trainees %
Appearance		
This will be very useful	16	14
This will be quite useful	60	36
This might come in useful	14	39
This is no use at all	10	11
Content		
This will be very useful	8	9
This will be quite useful	46	37
This might come in useful	41	49
This is no use at all	5	5
Potential value		
This will be very useful	10	9
This will be quite useful	47	43
This might come in useful	28	43
This is no use at all	15	5

These findings have to be treated with some caution because they are recollections of views held up to two years previously. However, they do suggest a rather lukewarm initial reaction to the Guide. Only about half of the recipients claimed that they had expected it to be very useful.

5 How often was the Guide used and how helpful was it?

All but six of the trainers and fourteen of the trainees claimed to have made some use of the Guide. Both trainers and trainees were then asked how often they used the Guide. Their responses are detailed in Table 4 below.

Table 4 Trainers' and trainees' use of the Guide

Frequency of use	% for whom statement applied	
	Trainers (n=37)	Trainees (n=37)
I use it quite often	11	3
I use it sometimes	46	27
I've used it once or twice	27	32
I've never used it at all	16	38

It is clear from these figures that trainers use the Guide more regularly than trainees. Neither group made heavy use of it, although trainers were significantly more likely to use it than trainees, despite the fact that the text itself is addressed to the latter group.

It is interesting to note that fourteen (38%) trainees claimed never to have used it at all. A further twelve claimed only to have used it 'once or twice'. As one trainee told us in interview: 'I couldn't remember the last time I used it. I maybe used it a couple of times at the beginning, but I would say any problems I have I take to the boss'. The comparable figures for trainers are six and ten respectively.

How helpful was the Guide?

We asked trainers and trainees who claimed to have used the Guide how helpful they had found it. Their opinions are summarised in Table 5 below:

Table 5 How helpful did trainers and trainees find the Guide?

It is clear that more trainers (84%) than trainees (68%) found the Guide

Helpfulness	% agreeing with the statement	
	Trainers (n=31)	Trainees (n=22)
Extremely helpful	6	0
Quite helpful	77	68
Not very helpful	17	32
Not at all helpful	0	0

It is clear that more trainers (84%) than trainees (68%) found the Guide either extremely helpful or quite helpful.

In this section we have looked at both trainers' and trainees' initial reactions to the Guide, the extent to which they used it and how helpful they found it. Before moving on to a more detailed examination of both groups' responses to the Guide's content, let us summarise our findings so far:

- trainers reacted more favourably than trainees to the appearance and content of the Guide
- trainees were less convinced of the potential value of the Guide than trainers
- trainers made more use of the Guide than trainees

6 The value of specific aspects of the Guide

a) 'Task' sections

As we indicated at the beginning of section 2, the Guide is divided into nine sections. We will now look in more detail at which of these sections trainers and trainees claimed to have made most use of. Tables 6 and 7 indicate the extent to which trainers and trainees used each section of the Guide and the extent to which they found it valuable in practice.

Overall there was only a moderate correlation between trainers and trainees in the sections they claimed to use and in the extent to which they were found valuable.

The section on endodontic problems was used frequently by both groups.* Sections 2 and 3 on caries and orofacial pain were used more frequently by trainers, as was the overview (Section 8), although it did not rank highly with either group. In fact the trainees made least use of this section, ranking it below even the Introduction and the Index. Given that Section 8 contains the key to the curricular design, this may be a finding of some importance, not least because both groups considered it to be the least valuable section.

As might be expected, there tended to be a higher correlation for both groups between the extent to which they used sections and the extent to which they found them useful.

Table 6 The extent to which trainers used sections 1-10 and how valuable they found them

Section of Guide	Usage (%) (n=31)				Value (%) (n=31)			
	1*	2	3	4	1	2	3	4
Section 1: Introduction	0	20	65	15	3	31	55	11
Section 2: Patients with a caries problem	0	48	45	7	7	57	29	7
Section 3: Orofacial Pain	7	48	35	10	7	57	29	7
Section 4: Endodontic Problems	7	46	39	8	4	57	31	8
Section 5: A Periodontal Problem	3	37	53	7	14	45	38	3
Section 6: The Patient requiring minor Oral Surgery	4	50	23	23	0	50	33	17
Section 7: Full dentures	0	29	52	19	0	48	34	18
Section 8: Overview	0	27	46	27	7	18	57	18
Section 9: Learning Resources and in-practice discussions	3	22	53	22	13	34	38	15
Section 10: Index	6	6	55	33	7	21	46	26

*The scale is from 1 - used very often/very valuable through to 4 - not at all used/not at all valuable

Table 7 The extent to which trainees used sections 1-10 and how valuable they found them

Section of Guide	Usage (%) (n=22)				Value (%) (n=22)			
	1*	2	3	4	1	2	3	4
Section 1: Introduction	0	14	58	28	0	35	50	15
Section 2: Patients with a caries problem	0	26	52	22	5	38	43	14
Section 3: Orofacial Pain	4	26	48	22	5	45	45	5
Section 4: Endodontic Problems	4	43	39	14	9	45	41	5
Section 5: A Periodontal Problem	4	30	30	36	0	26	53	21
Section 6: The Patient requiring minor Oral Surgery	4	39	27	30	15	35	25	25
Section 7: Full dentures	0	36	38	26	0	53	37	10
Section 8: Overview	0	10	45	45	0	22	39	39
Section 9: Learning Resources and in-practice discussions	0	31	38	31	5	30	35	30
Section 10: Index	5	13	30	52	5	30	25	40

*The scale is from 1 - used very often/very valuable through to 4 - not at all useful/not at all valuable

Our interviews with trainees would suggest, however, that these data should be treated with some caution. One trainee admitted in interview that he had not used the Guide that much. He went on to comment further on its perceived usefulness: 'What I'd see it as is something if you've not necessarily got a problem, but if you're interested in something you can look at it and maybe get some guidelines...I can see how it could be a sort of guideline for a trainer...I suppose you could use it as a sort of checklist... you could pick out topics'. Despite his frank admission that he made scant use of the Guide, this trainee was at pains to say something positive about it.

b) Competences

Up to this point we have focused on users' views of the usefulness of the Guide in relation to technical tasks and basic skills. But what of their views on the Guide's treatment of the competences which were central to 'task-based learning'? How relevant did the users find the Guide to the development of expertise in the skills of working with patients and colleagues; diagnosis; practice management; and communication? Our findings are presented in Table 8 below.

Table 8 Trainers' and trainees' appreciation of the Guide's relevance to the development of basic competences

Competence	Relevance of the Guide							
	Trainers (%)				Trainees (%)			
	1*	2	3	4	1	2	3	4
Working with patients and colleagues								
Working with patients	0	20	48	32	4	31	31	34
Working with trainer	7	13	53	27	0	26	31	43
Working with practice staff	0	10	57	33	0	9	23	68
Diagnostic competence								
Taking a history	0	29	52	19	0	25	52	23
Clinical examination	0	29	52	19	0	31	38	31
Radiography	0	16	58	26	0	9	53	38
Treatment planning	0	29	58	13	0	54	23	23
Practice management skills								
Fees and remuneration	3	10	55	32	4	43	23	30
Staff management/training	0	13	55	32	4	18	35	43
Communication skills								
Communicating with patients	6	29	36	29	0	35	40	25
Communicating with parents	3	16	52	29	0	35	30	35
Communicating with relatives	3	16	52	29	0	32	48	40
Communicating with colleagues	3	23	45	29	0	17	30	53

*The scale runs from 1 - very relevant through to 4 - not really relevant

The data clearly indicate that overall users did not find the Guide particularly relevant to the development of these competences. More trainers expressed a positive view, but trainees were also more likely to view some sections as not really relevant at all. Trainers were most likely to consider the 'diagnostic competences' sections and the focus on two of the communication skills as relevant, although even in those cases the view was held by only about one-third of respondents. They were least likely to rate radiography, working with practice staff and the practice management skills sections as relevant.

The last is an important contrast with trainees. The 'fees and remuneration' component of practice management skills section along with the 'treatment planning' section was considered relevant by about half of the trainees who used the Guide. They were also more likely to consider the 'communicating with parents' section as relevant than were the trainers. They were significantly less sure of the relevance of the way in which 'working with practice' staff was dealt, although this was also an area with which trainers were dissatisfied.

It is important to underline that these views are not necessarily a reflection on task-based learning in principle. In asking about the relevance

of the Guide to the development of expertise in these areas, we obtained information about how they were dealt with rather than whether, in principle, the Guide should have dealt with them. These data therefore leave questions about the theory of task-based learning unanswered. There is, however, a message in users' views on the value of overview (Section 8): namely the principles were either dismissed by users, or more likely, not fully appreciated because of deficits in the dissemination strategy.

7 Broader insights

The questions on 'usefulness' addressed in sections 4, 5 and 6 have focused on users' views of particular parts of the Guide. However, in our initial interviews a number of broader statements about usage and utility were made. It seemed appropriate to explore these further in the questionnaire study. We show our findings relating to users' views on 'using the Guide' in Table 9 below.

Table 9 Ways of using the Guide

Statement about use	% using the Guide in this way	
	Trainers	Trainees
I used it more at first than I do now	39	48
I just dip into it occasionally when I need to	49	30
I try to follow the topics and activities set out in the Guide	5	3
I use it fairly systematically to make sure I've covered the ground	15	3
I use it to set the agenda for tutorials/follow up issues raised in tutorials	36	8

These figures suggest that the Guide has in practice proved to be of more use to trainers than to trainees. More trainers than trainees used it on an *ad hoc* basis as an occasional source of reference. It is also interesting to note that more trainers claimed to use it to set the agenda for tutorials. In this respect, the Guide goes some way towards meeting one of the aims of its producers, namely the provision of a framework for the planning of tutorials. And yet only a small percentage of trainers claimed to use the Guide 'fairly systematically'. This compares with an even smaller number of trainees.

Our interviews also suggested a range of views about the usefulness of the Guide in practice. In our questionnaire we therefore asked both trainers and trainees to indicate the extent to which they agreed with the statements detailed in Table 10 below.

Table 10 Trainers' and trainees' views on the utility of the Guide in practice

Statement	% agreeing or disagreeing with the statement			
	Trainers		Trainees	
	Agree	Disagree	Agree	Disagree
It made realistic demands on trainees' time	39	61	57	43
It was pitched at the right intellectual level	39	61	52	48
It was well-presented and attractive	61	39	78	22
It provided lots to think about	45	55	43	57
It provided useful information on learning resources and references	77	23	50	50
It was a good link between trainer and trainee	61	39	35	65

Once again, there is a clear divergence in the views of the two groups. Trainers were less convinced than trainees that the Guide made realistic demands on the latter's time. More trainers than trainees also felt that it was not pitched at the right intellectual level, although both groups reacted more favourably to its mode of presentation. Another salient difference between the two groups lies in their perceptions of the Guide's usefulness as a source of reference. The fact that considerably fewer trainees than trainers thought it provided this type of support perhaps reflects trainees' familiarity with the other sources of information they have recently encountered as undergraduates. There was also a considerable difference of opinion as regards the extent to which the Guide was a good link between trainer and trainee. As can be seen from the figures above, far more trainers than trainees were of this opinion.

In the preceding sections, we have focused upon the ways in which trainers and trainees used the Guide in practice. Our findings may be summarised as follows:

- There was little evidence that the Guide had persuaded users to adopt the task-based approach with enthusiasm
- Neither trainers nor trainees felt that the Guide had a significant impact on the development of trainees' competences, with the exception of working with patients and treatment planning, upon which trainees felt the Guide had some bearing
- More trainers than trainees used the Guide on an *ad hoc* basis as an occasional source of reference

8 What makes for a successful training year? Priorities and perspectives

In their respective questionnaires, trainers and trainees were asked to rate the importance of certain aspects of the vocational training year. Tables 11 and 12 below summarise the priorities of both groups.

Table 11 *How trainers rated the importance of different aspects of the training year**¹

	Very important 1 2		←————→	Not important 3 4		N/R* ²
An easy working relationship	92	8		0	0	
Regular evaluation of clinical standards	64	31		0	0	5
Regular, planned tutorials	41	44		10	5	
Informal chats	85	15		0	0	
Using resources such as the Guide	0	46		41	8	5
Using other resources, e.g. journals/video	8	59		28	3	2

*¹ The scale runs from 1, very important, to 4, not important.

*² N/R = no response

Table 12 *How trainees rated the importance of different aspects of the training year**

	Very important 1 2		←————→	Not important 3 4		N/R
An easy working relationship	92	8		0	0	
Regular evaluation of clinical standards	22	38		24	16	
Regular, planned tutorials	13	38		27	22	
Informal chats	73	27		0	0	
Using resources such as the Guide	0	16		52	32	
Using other resources, e.g. journals/video	16	30		38	14	2

* The scale runs from 1, very important, to 4, not important.

These tables show the important sets of perspectives. First the strong agreement between trainers and trainees on the importance of an easy working relationship and 'informal chats' underlines the primacy of the interpersonal mechanism which characterises the training year. The second set of perspectives does, however, suggest that there is a difference in perspective between trainers and trainees on the nature of the relationship. Regular planned tutorials, components of the training year to which the Guide has a clear potential contribution to make, are favoured

by 85% of trainers but only 5% of trainees. The regular evaluation of clinical standards is supported by all trainers who chose to comment on this, but by only 60% of trainees. Evaluation of trainees' clinical standards is a low-profile element of the Guide. Formal assessment of competence is not a feature of the training year at the present time. Only a small majority of trainees would appear to welcome it, but it may well be that this is an area which has been overlooked by the Guide. There is a widely recognised association between what trainees are encouraged to attend to and what they are assessed by.

The marginal nature of the Guide at the present time is underlined by these data. No trainers or trainees considered the Guide to be 'very important' in the training year, although 46% of trainers felt that some importance should be attached to it. The corresponding figure for trainees was 16% and double that number gave it the bottom rating.

At the end of their respective questionnaires, both trainees and trainers were asked what in their opinion had contributed most to the success of their training year. All of the thirty-two trainees who responded to this question saw the quality of their professional and personal relationship with their trainer as the key to success. Without exception, the responses pointed to the primacy of the social in the learning process, thus confirming the impression created by users' responses to the previous question on the two questionnaires. The following are typical of the types of responses received:

excellent relationship with trainer, and easy atmosphere in practice with other staff

a trainer who is very approachable who helps when you have a problem clinically, and excellent surgery assistance

The responses of vocational trainers paint a very similar picture. Respondents were asked what had 'contributed most to [their] effectiveness as a trainer'. Twenty-eight trainers chose to respond to this question. The notion of experience is a feature of many responses. One respondent singled out his 'ability to listen, discuss and share knowledge with...trainee' as the most important element of his success as a trainer. Another identified the following aspects as being the key to his effectiveness as a trainer:

good rapport with trainees and ancillary staff. Patience with trainees. Encouragement of trainees. Ensuring trainees get a wide and suitable range of pleasant patients and have fun at work and outside.

These comments illustrate that training at this level is not a matter of following a consciously appreciated rule or guideline. At this stage it is clear that dentists learn by being socialised, not by being instructed. As we have seen from our analysis of the questionnaire data, and from our interview data, it is the trainers' and the trainees' tacit appreciation of the fundamentally social nature of the training enterprise that underpins many of their criticisms of the Guide.

What are the implications of the above for the future of the Training Guide as a resource in the vocational training of dentists in general practice? It is to this issue that we turn in the concluding section of this report.

9 Conclusions and Recommendations

In the introduction to this Report we posed three basic research questions. These concerned the way the Guide had been introduced, the use that had been made of it and the extent to which it articulated with the one-to-one relationship between trainer and trainee which characterises the training year.

It is difficult to avoid the conclusion that the Guide was less well used than we might have anticipated. The details have already been spelled out and we do not propose to repeat them here. However, if the intention behind this initiative was to offer the training year a structure and to build that around task-based learning, then the evidence would suggest that this has only been partially successful.

There are two possible reasons for this. The first is that the way in which these ideas were offered to users was weak. The second is that the basic principle of having a Guide of this kind is fundamentally flawed. In this Section we will reflect on the ways in which our findings suggest either of these to be the explanation and offer our own opinions on what might be the implications of this.

❧ Delivery of the Guide

The Guide in itself is an attractive, well-produced resource, and considerable thought has gone into making it 'user-friendly'. Three-quarters of the trainers and half of the trainees were impressed by its appearance when they first received it and we had few suggestions that it was in any way difficult to use. If there are problems in delivery we suspect that they do not lie in the physical structure of the Guide itself.

The evidence relating to content is more ambivalent. We had few suggestions that the topics covered were inappropriate, but at the same time only a small majority of trainers was convinced of the value of the content on first sight and a majority of trainees rated it as 'might come in useful' at best. Furthermore, although some sections of the Guide were well-used, the overall impression is that as a resource it was seen as somewhat peripheral.

Peripheral to what? We have no grounds to believe that users saw the content *per se* as peripheral; all the data would suggest that it covered the ground of the training year reasonably well. But there may be stronger grounds to suggest that the Guide as a resource may have been seen as peripheral either because users did not understand how or why it ought to be more central, or because, for a variety of reasons to do with the nature

of the training year they chose to reject the opportunity to make it central. The latter possibility will be considered under 'fundamental questions' below, but what might be the practical implications if the problem lies in users not understanding the rationale for the Guide? What is there in our findings which would suggest ways of strengthening its position in future years?



Circumventing problems of delivery

It is possible that part of the problem could be that in some cases the Guide did not become available to users until after the training year was underway. If conventions had already been established without the Guide, then it could well be that it would be more difficult to establish a central role. This is a difficulty which can easily be circumvented and we would therefore recommend that in future years:-

- **The Guide should be made available to all trainers well in advance of their receiving their trainees. This would ensure that trainers have time to decide the role it could play before they begin to establish a relationship with their trainees.**

We were not present at any of the workshops and seminars at which the Guide was introduced to its users and guidance was offered as to how it might be used. However, both in our interviews and in our questionnaires we tried to find out what lasting impressions of that guidance had impacted on the practice of trainers and trainees. It was clear from these that whatever its content, the induction process had been limited in establishing a central role for the Guide.

Induction into the use of a guide such as this is a difficult task, especially if the majority of those who are being asked to use it have not been involved with its development. Unless a resource self-evidently meets a pressing need or relates to a change or a policy with which the user is obliged to conform, it is unlikely that it will have a smooth passage into the system. To support it there needs to be a clear policy commitment from those who are seen as having responsibility for provision and a systematic programme of induction to train recipients in its use. We are aware that support materials for induction such as overhead projection transparencies were produced to support the Guide but we were puzzled by a distinct 'coyness' about these when they were mentioned in interview. We therefore suspect that more thought ought to be given to induction and we would recommend that:-

- **In advance of receiving their trainees, trainers should be introduced to the Guide in a way which underlines the problems of establishing a structure for the training year and offers the Guide and the notion of task-based learning as a solution. To be successful, such an induction procedure would have to be led by tutors who are committed to the principles around which the Guide was produced and would have to be designed to encourage a feeling of ownership by the trainers.**

For such a strategy to succeed, trainees would also have to be persuaded of the centrality of the Guide in their training year. Our data would suggest that this is an even greater challenge than persuading trainers. In particular, while there was some suggestion that the substantive sections of the Guide proved to be of interest to many trainers, perhaps because they offer a convenient overview of best practice, trainees were less impressed by these, probably because their recent undergraduate training meant that they are fully aware of the content and have other recent sources of reference at their disposal. What is unique about the Guide is the emphasis on the basic practice competences which are at the heart of the task-based model. We would therefore suggest that:-

- **If trainees are to see the Guide as having a central role, there is a need for further research to clarify the arguments which might persuade trainees to commit themselves in this way. However, an initial hypothesis is that there is likely to be more success if their expectations are built around what it can offer them in relation to the basic competences which underpin the task-based learning feature of the Guide rather than the 'curriculum structure' it offers.**

In essence, what we are suggesting is that if the Guide is to be given an opportunity to show its true value, then these data suggest that it will only be achieved if it is introduced to users through a more directed induction programme. However, such induction will only be successful if users are persuaded that taking up the Guide and the principles that lie behind it is worthwhile. A question which therefore arises is whether it might be possible to introduce additional factors which might make it more central.

We noted that amongst the differences we found between trainers and trainees was a greater commitment to regular planned tutorials and evaluation of clinical standards amongst trainers. Tutorials need content and the Guide offers this. Furthermore, a series of tutorials needs a plan and again the Guide offers that. In short, commitment to the curriculum structure offered by the Guide could provide a ready-made agenda for tutorials, especially if their status were to be enhanced. We would therefore suggest that:-

- **Consideration should be given to working with trainers in their induction programme to developing a series of agenda for tutorials which capitalise to best advantage on the strengths of the Guide**

Regular evaluation of clinical standards is perhaps more contentious, and is an aspect of the trainer-trainee relationship which is not really addressed. Yet at the same time, evaluation of this kind can be a powerful way of focusing attention. A systematic evaluation policy articulated with the Guide would almost certainly enhance its value. The nature of such a policy could range from a 'high stakes' accountability model which would, of course, have considerable implications for the basic trainer-trainee relationship itself, through to 'low stakes' self-evaluation or diagnostic approaches which would be more compatible with the roles and relationships currently adopted. We would therefore recommend that:-

- Consideration ought to be given to the possible advantages of enhancing the role of the evaluation of clinical standards in the training year. Our hypothesis would be that this would be less contentious if it were clearly seen as having a primarily formative purpose. However, to capitalise on recent developments in training there would be value in ensuring that it was built around a criterion-referenced competence model and this would imply further work in establishing a common understanding of the meaning of these competences



Basic Principles

One of the main reasons for developing the Guide was that the Training Year lacked structure. The solution was to offer a 'curriculum' which suggested that from month to month trainer and trainee focus on different aspects of clinical practice and, ingeniously, link these to a programme of development in competences which are central to being a dentist as opposed to being skilled in practising dentistry. This solution overtly recognised that the day-to-day experience of the trainee would not come in such an ordered curriculum, but it did offer a vehicle to ensure that the necessary content would be covered formally in the year.

A common understanding of what ought to be covered would seem to be a sound move in trying to introduce structure, and there was little suggestion in our data that trainers or trainees wanted to quibble about the solution offered in the Guide. But what has to be recognised is that a 'curriculum' and a 'structure' are not necessarily the same thing. The most important elements of the structure of the Training Year for trainers and trainees comprised a good working relationship and the opportunity for informal chats. Using resources such as the Guide came low on the list of priorities. If there is a fundamental incompatibility between the Guide and the system it was designed to support it may lie in the Guide offering a systematic structure which is more appropriate to traditional teacher-student relationships than to the one-to-one tutor-'apprentice' roles which are the reality of the Training Year.

If it is the case that the Guide in its present form does not support the structure of the training year, then that structure, or at least some aspects of it could be modified to more closely fit the model offered by the Guide. Clearly it would be inappropriate to modify the training year simply to fit the Guide, but it could be that the Guide, and in particular the focus on task-based learning and an explicit 'curriculum', supports an alternative model to the relatively loose relationship which appears (although we lack evidence about actual practice) to characterise the current situation. We have already explored some ways in which this could be achieved above.

However, there is an alternative strategy which may be worthy of exploration, although we would stress that our data are insufficient to allow us to place a value on it. If it is the case that the 'socially-oriented' structure is preferred by trainers and trainees, an alternative strategy

would be to explore ways in which the principles lying behind the Guide, including a clearer definition of the 'curriculum' of the training year, could be better articulated with the ways in which trainers and trainees actually work together.

To be of value, this strategy would have to be based on further systematic enquiry. In particular, a number of questions would have to be answered including:-

- **What do trainers and trainees see as the particular strengths of the training year as it now stands?**
- **How do they ensure coverage of a 'curriculum' when the opportunities on which this might be based come in the form of the random problems of the patients the trainee encounters?**
- **What aspects of the Guide and its philosophy do those who have used it consider to be most important to retain?**

The study we have reported here did not lend itself to exploration of these issues in the depth which would allow us to recommend this as a course of action. However, there is sufficient evidence to suggest that to become of central value, further work will have to be considered by policy-makers. Whether this should be broadened to embrace questions which might eventually lead to the need for a substantial revision of the way the content of the Guide is used to support the training year is clearly a policy issue and not one for the evaluators of the Guide in its present form. However, what we do feel able to recommend is that:-

- **If a decision is made to review the way in which the Guide is used as a result of this study, consideration should be given as to whether more fundamental analysis of the way in which the training year operates in practice should be conducted before moving on to a further development phase.**

Appendix: Questionnaires and Raw Data

This Appendix has two purposes. First it comprises the questionnaires which were completed by the trainers and trainees. These are included to allow readers to clarify the precise nature of the questions asked.

The second purpose is to allow readers to explore some of the raw data themselves. Rather than print blank questionnaires we have indicated the number of respondents who chose each option in the response box and the corresponding percentage of respondents beside this. Unfortunately space has precluded us from including statements made in reply to the open response questions.



A project conducted for the Scottish Council
for Postgraduate Medical Education

Training Guide Feedback questionnaire

This questionnaire seeks your opinions about the Training Guide produced by the Scottish Dental Vocational Training Committee. An important part of reviewing this innovation in dental training is to obtain information on how you found the Guide. Your responses to this questionnaire will help the Training Committee develop the vocational scheme. Many thanks for your assistance.

A We would like to start by asking for some background information

- 1 When did you start your vocational training?

Month	Year
- 2 When did you first get the Training Guide?

Month	Year
- 3 Was this an appropriate time to receive the Guide? Yes No
(Tick one box)

☐ 29 78%	☐ 8 22%
---------------------------------	--------------------------------

If not, why not?

4 From whom did you receive the Guide? (Tick one box)

- | | | |
|---|-----------------------------|-----|
| My trainer | ☐ 15 | 41% |
| The adviser on my scheme | ☐ 17 | 46% |
| It was available during a day-release session | ☐ 4 | 11% |
| Other | ☐ 1 | 3% |

CARD 1
Cols

(1-2)
(3)
(4-5)

(6-9)

(10-13)

1 2 9 (14)

(15-18)

1 (19)
2
3
4
9

- 5 Which of the following people offered you guidance on how to use the Guide? (You may tick more than one box)

My trainer	☐ 21	57%
My day-release scheme tutor(s)-	☐ 9	24%
The adviser on my scheme	☐ 12	32%
Other	☐ 7	19%

01	(20)
01	(21)
01	(22)
01	(23)

- 6 What form did this guidance take?

(24-27)

- 7 To what extent do you feel this guidance was adequate? (Tick one box)

Very adequate	Fairly adequate	Fairly inadequate	Inadequate
1	2	3	4
☐ 9 24%	☐ 19 51%	☐ 3 8%	☐ 3 8%

1 2 3 4 9 (28)

- 8 How could it have been improved upon?

(29-32)

- 9 What was your *initial* reaction to the Guide? (Tick one for each category)

	This will be very useful	This will be quite useful	This might come in useful	This is no use at all
Appearance	☐ 5 13%	☐ 13 35%	☐ 14 38%	☐ 4 11%
Content	☐ 3 8%	☐ 13 35%	☐ 17 46%	☐ 2 5%
Potential value	☐ 3 8%	☐ 15 41%	☐ 15 41%	☐ 2 5%

1 2 3 4 9 (33)

1 2 3 4 9 (34)

1 2 3 4 9 (35)

B We are interested in finding out how useful you found the Guide

- 10 Overall, how often did you use it (Tick one box)

I use it quite often	☐ 1	3%
I use it sometimes	☐ 10	27%
I've used it once or twice	☐ 12	32%
I've never used it at all	☐ 14	38%

(GO TO SECTION D, QUESTION 18)

1 (36)

2

3

4

9

11 When you did use it, how helpful did you find it? (Tick one box)

Extremely helpful ☐ 0 0%

Quite helpful ☐ 15 41%

Not very helpful ☐ 7 19%

Not at all helpful ☐ 0 0%

12 To what extent have you used these sections of the Guide and how valuable have you found them? (Please tick two boxes for each section)

	All percentages							
	Very often				Not at all			
	1	2	3	4	1	2	3	4
Section 1: Introduction	0	8	35	16	0	19	27	8
Section 2: Patients with a caries problem	0	16	32	14	3	22	24	8
Section 3: Orofacial pain	3	16	30	14	3	22	22	3
Section 4: Endodontic problems	3	27	24	8	5	27	24	3
Section 5: A periodontal problem	3	19	19	22	0	14	27	11
Section 6: The patient requiring minor oral surgery	3	24	16	19	8	19	14	14
Section 7: Full dentures	0	22	24	16	0	27	19	5
Section 8: Overview	0	5	27	27	0	11	19	19
Section 9: Learning resources and in-practice discussions	0	19	24	19	3	16	19	16
Section 10: Index	3	8	19	32	3	16	14	22

13 Was there any part of a section which you found particularly useful? (You may tick more than one box)

Diagnosis (eg see Guide section 2.8) ☐ 8 22%

Additional references (see section 3.20) ☐ 0 0%

Self-assessment (see section 3.19) ☐ 8 22%

Discussion points (see section 2.8) ☐ 6 16%

Assignments (see section 5.16) ☐ 0 0%

Other ☐ 0 0%

14 What were your impressions of the Guide?
(Tick one box for each statement)

	Agree				Disagree				
	1	2	3	4	1	2	3	4	
	%	%	%	%	%	%	%	%	
It made realistic demands on my time	☐ 3	8	☐ 10	27	☐ 9	24	☐ 1	3	1 2 3 4 9 (64)
It was pitched at the right intellectual level	☐ 3	8	☐ 9	24	☐ 9	24	☐ 2	5	1 2 3 4 9 (65)
It was well-presented and attractive	☐ 6	16	☐ 12	32	☐ 5	14	☐ 0	0	1 2 3 4 9 (66)
I found it user-friendly	☐ 6	16	☐ 13	35	☐ 3	8	☐ 1	3	1 2 3 4 9 (67)
It provided lots to think about	☐ 2	5	☐ 8	22	☐ 11	30	☐ 2	5	1 2 3 4 9 (68)
It provided useful information on	☐ 3	8	☐ 8	22	☐ 11	30	☐ 0	0	1 2 3 4 9 (69)
learning resources and references									
It was a good link between me and my trainer	☐ 0	0	☐ 8	22	☐ 10	27	☐ 5	14	1 2 3 4 9 (70)

15 Which of the following statements best describe how you use the Guide?
(You may tick as many boxes as appropriate)

			CARD 2	
			Cols	(1-2)
I used it more when I first got it than I do now	☐ 18	48%		(3)
I just dip into it occasionally when the need arises	☐ 11	30%		(4-5)
I try to follow the topics and activities set out in the Guide	☐ 1	3%	01	(6)
I use it fairly systematically to make sure I have covered the ground	☐ 1	3%	01	(7)
I use it as a stimulus for discussion with my trainer	☐ 8	27%	01	(8)
I use it as a guide to further information	☐ 3	8%	01	(9)
I use it to follow up issues raised in the day-release	☐ 1	3%	01	(10)
I use it to follow up issues raised in the tutorial	☐ 3	8%	01	(11)
I use it if I have a problem I can't resolve on the spot	☐ 7	19%	01	(12)
				(13)
				(14)

C We are interested in how you felt the Guide affected your training experience

16 How relevant was the Guide to the development of your expertise in the following areas? (Tick one box for each area on a scale of 1 to 4)

Area of Developing Expertise	Relevance of the Guide							
	Very relevant				Not really relevant			
	1	%	2	%	3	%	4	%
• Working with patients	☐ 1	3	☐ 7	19	☐ 7	19	☐ 8	22
• Working with your trainer	☐ 0	0	☐ 6	16	☐ 7	19	☐ 10	27
• Working with practice staff	☐ 0	0	☐ 2	5	☐ 5	14	☐ 16	43
Your competency in diagnosis								
• History	☐ 0	0	☐ 6	16	☐ 12	32	☐ 5	14
• Clinical examination	☐ 0	0	☐ 7	19	☐ 9	23	☐ 7	19
• Radiography	☐ 0	0	☐ 2	5	☐ 12	32	☐ 9	24
• Treatment planning	☐ 0	0	☐ 13	35	☐ 5	14	☐ 5	14
Your practice management skills								
• Fees and remuneration	☐ 1	3	☐ 10	27	☐ 5	14	☐ 7	19
• Staff management and training	☐ 1	3	☐ 4	11	☐ 8	22	☐ 10	27
• Communicating with patients	☐ 0	0	☐ 8	22	☐ 9	24	☐ 6	16
• Communicating with parents	☐ 0	0	☐ 8	22	☐ 7	19	☐ 8	22
• Communicating with relatives	☐ 0	0	☐ 3	8	☐ 11	30	☐ 9	24
• Communicating with colleagues	☐ 0	0	☐ 4	11	☐ 7	19	☐ 12	32

17 Did the Guide complement your other training activities? (Tick one box for each activity)

	A lot								Not at all	
	1	%	2	%	3	%	4	%		
Private study	☐ 0	0	☐ 5	14	☐ 10	27	☐ 8	22	1 2 3 4 9	(28)
Looking back over your clinical work	☐ 0	0	☐ 6	16	☐ 8	22	☐ 9	24	1 2 3 4 9	(29)
Activities on the day-release course	☐ 0	0	☐ 4	11	☐ 8	22	☐ 11	30	1 2 3 4 9	(30)
Discussions with your trainer	☐ 1	3	☐ 10	27	☐ 8	22	☐ 4	11	1 2 3 4 9	(31)
Experimenting with new ideas and approaches	☐ 0	0	☐ 6	16	☐ 10	27	☐ 7	19	1 2 3 4 9	(32)

PLEASE NOW GO ON TO SECTION E

D We are interested in why you did not use the Guide at all

- 18 To what extent do you agree with the following statements?
(Tick one box for each statement)

	Strongly agree				Disagree									
	1	%	2	%	3	%	4	%						
I prefer to look to my trainer for help	9	24	7	19	0	0	1	3	1	2	3	4	9	(33)
I prefer to use my own textbooks	6	16	6	16	3	8	2	5	1	2	3	4	9	(34)
The Guide is too much like a textbook	2	5	1	3	7	19	6	16	1	2	3	4	9	(35)
The Guide goes over stuff that I already know	6	16	6	16	4	11	0	0	1	2	3	4	9	(36)
It's the practical experience I need, not the theory	6	16	8	22	3	8	0	0	1	2	3	4	9	(37)
The Guide is too structured, I prefer to handle problems as they present themselves	5	14	10	27	2	5	0	0	1	2	3	4	9	(38)
I don't need to brush up on clinical theory	2	5	4	11	4	11	7	19	1	2	3	4	9	(39)
The Guide talks down to you	3	8	2	5	6	16	5	13	1	2	3	4	9	(40)
I didn't have time to use the Guide	1	3	4	11	9	24	3	8	1	2	3	4	9	(41)
I wasn't clear how the Guide should be used	0	0	3	8	8	22	5	14	1	2	3	4	9	(42)
My trainer never referred to it, so I never used it	5	14	6	16	3	8	3	8	1	2	3	4	9	(43)

E Finally, we are interested in your overall experience as a trainee

- 19 From your own experience, how would you rate the importance of the following aspects of your training year?
(Please tick one box for each on a scale of 1-4)

	Very important				Not important					
	1	%	2	%	3	%	4	%		
An easy working relationship with my trainer	34	92	3	8	0	0	0	0	1 2 3 4 9	(44)
Participating in the day or block release course	20	54	12	32	4	11	1	3	1 2 3 4 9	(45)
The chance to compare notes with other trainees	26	70	6	16	5	14	0	0	1 2 3 4 9	(46)
Making decisions about my own patients	26	70	9	24	1	3	1	3	1 2 3 4 9	(47)
Learning from my own mistakes	28	78	9	24	0	0	0	0	1 2 3 4 9	(48)
Regular evaluation of my clinical standards by my trainer	8	22	14	38	9	24	6	16	1 2 3 4 9	(49)
Regular, planned tutorials with my trainer on a particular topic	5	13	14	38	10	27	8	22	1 2 3 4 9	(50)
Informal chats with my trainer as particular problems arise	27	73	10	27	0	0	0	0	1 2 3 4 9	(51)
Time for follow-up reading on topics of interest	3	8	19	54	10	27	5	14	1 2 3 4 9	(52)
A chance to experiment with alternative techniques	13	35	21	57	2	5	1	3	1 2 3 4 9	(53)
A chance to consult with my trainer about techniques and procedures	15	41	21	57	0	0	0	0	1 2 3 4 9	(54)
Access to the Training Guide	0	0	6	16	19	52	12	32	1 2 3 4 9	(55)
Access to other resources, such as journals or video	6	16	11	30	14	38	5	14	1 2 3 4 9	(56)

- 20 From your experience as a trainee, what has contributed most to the success of your training year?

(57-60)

- 20 The Training Guide is a new initiative in vocational training in dentistry. Have you any suggestions as to how this approach might be developed in future?

(51-64)

THANK YOU FOR YOUR HELP



A project conducted for the Scottish Council
for Postgraduate Medical Education

Training Guide Feedback questionnaire

This questionnaire seeks your opinions about the Training Guide produced by the Scottish Dental Vocational Training Committee. An important part of reviewing this innovation in dental training is to obtain information on how you found the Guide. Your responses to this questionnaire will help the Training Committee develop the vocational scheme. Many thanks for your assistance.

A We would like to start by asking for some background information

- 1 How long have you been in General Practice? Years
- 2 How many years have you been a trainer within the Scottish vocational scheme? Years
- 3 When did you first have a chance to look at the Training Guide?

Month
Year
- 4 Do you have your own personal copy of the Guide ? Yes No

☐
☐
- 5 When did you get your copy?

Month
Year
- 6 Was this an appropriate time to get a copy? Yes No

32

 95%

2

 5%

If not, why not?

CARD 1
Cols

(1-2)
(3)
(4-5)
(6-7)

(8-9)

(10-13)

1 2 9 (14)

(15-18)

1 2 9 (19)

(20-23)

7 From whom did you get your copy of the Guide? (Tick one box)

Your adviser	☐ 31	80%
Your trainee	☐ 2	5%
It was available at a meeting	☐ 4	10%
Other	☐ 2	5%

1 (24)

2

3

4

9

8 Were you offered any guidance on how to use the Guide? Yes No

☐ 24 62% ☐ 15 39%

1 2 9 (25)

If yes, what form did this guidance take?

(26-29)

9 To what extent do you think this guidance was adequate? (Tick one box)

Very adequate	Fairly inadequate	Fairly inadequate	Inadequate
1	2	3	4
☐ 7 18%	☐ 16 41%	☐ 6 15%	☐ 2 5%

1 2 3 4 9 (30)

10 How could it have been improved upon?

(31-34)

11 What was your initial reaction to the Training Guide?

(Tick one box in each category on a scale ranging from 1 to 4)

	Highly positive				No distinct reaction				
	1	%	2	%	3	%	4	%	N/R
Appearance	☐ 6	15	☐ 22	56	☐ 5	13	☐ 4	10	2
Content	☐ 3	8	☐ 17	44	☐ 15	39	☐ 2	5	2
Potential value to you as a trainer	☐ 3	8	☐ 17	44	☐ 12	31	☐ 5	13	2
Potential value to your trainee	☐ 4	10	☐ 18	46	☐ 9	23	☐ 5	13	3

1 2 3 4 9 (35)

1 2 3 4 9 (36)

1 2 3 4 9 (37)

1 2 3 4 9 (38)

12 Which statement best describes how you think the Guide was designed to be used? *(You may tick more than one box)*

It was designed as a learning guide for trainees	☐ 4	10%	01	(39)
It was designed primarily for trainers	☐ 2	5%	01	(40)
It was designed to support both trainees and trainers	☐ 21	54%	01	(41)
It was designed as a tutorial aid	☐ 25	64%	01	(42)

B We are interested in finding out how useful you found the Guide

13 Overall, how often did you use the Guide? *(Tick one box)*

I use it quite often	☐ 4	10%	1	(43)
I use it sometimes	☐ 17	44%	2	
I've used it once or twice	☐ 10	26%	3	
I've never used it at all	☐ 6	15%	4	(GO TO SECTION D, QUESTION 22)

14 When you did use it, how helpful did you find it? *(Tick one box)*

Extremely helpful	☐ 2	5%	1	(44)
Quite helpful	☐ 24	62%	2	
Not very helpful	☐ 5	13%	3	
Not at all helpful	☐ 0	0%	4	

15 In what situations did you use the Guide?

(You may tick more than one box)

In tutorials	☐ 16	41%	01	(45)
When planning tutorials	☐ 24	62%	01	(46)
When reviewing my trainee's coverage of training experiences	☐ 13	33%	01	(47)
As an additional source of guidance and information for trainees	☐ 11	28%	01	(48)
Other	☐ 0	0%	01	(49)

- 16 To what extent have you used these sections of the Guide and how valuable have you found them? (Please tick two boxes for each section on a scale of 1 to 4)

	Very often 1 2 3 4				Not at all 1 2 3 4				Very valuable 1 2 3 4				Not at all valuable 1 2 3 4			
	All percentages															
Section 1: Introduction	0	15	51	13					3	23	41	8				
Section 2: Patients with a caries problem	0	39	36	5					0	36	39	3				
Section 3: Orofacial pain	5	39	28	8					5	44	23	5				
Section 4: Endodontic problems	5	33	28	5					3	41	23	5				
Section 5: A periodontal problem	3	28	41	5					10	33	28	3				
Section 6: The patient requiring minor oral surgery	3	39	18	18					0	39	26	10				
Section 7: Full dentures	0	23	41	15					0	36	26	13				
Section 8: Overview	0	21	36	21					5	13	41	13				
Section 9: Learning resources and in-practice discussions	3	18	44	18					10	28	31	13				
Section 10: Index	5	5	44	23					5	15	33	18				

- 17 Was there any part of a section which you found particularly useful? (You may tick more than one)

Diagnosis (eg see Guide section 2.8)	9	77%	01	(70)
Additional references (see section 3.20)	4	10%	01	(71)
Self-assessment (see section 3.19)	4	10%	01	(72)
Discussion points (see section 2.8)	14	36%	01	(73)
Assignments (see section 5.16)	3	8%	01	(74)
Other	1	3%	01	(75)

- 18 Which of these statements best describe your general impressions of the Guide? (Tick one box for each statement on a scale of 1 to 4)

	Agree 1 2 3 4				Disagree 1 2 3 4				Cols				(1-2) (3) (4-5)
It made realistic demand on trainees' time	1	3	11	28	12	31	7	1	1	2	3	4	(6)
It was pitched at the right intellectual level	1	3	11	28	13	33	6	1	1	2	3	4	(7)
It was well presented and attractive	4	10	15	39	11	28	1	1	1	2	3	4	(8)
The Guide covered the necessary material	3	8	14	36	12	31	2	1	1	2	3	4	(9)
It provides lots to think about	7	18	7	18	16	41	1	1	1	2	3	4	(10)
It provides useful information on learning resources and references	7	18	17	44	7	18	8	2	1	2	3	4	(11)
It is a good link between trainer and trainee	5	13	14	36	10	26	2	1	1	2	3	4	(12)
The Guide is as useful to the trainer as to the trainee	7	18	15	39	8	21	1	1	1	2	3	4	(13)

- 19 Which of the following statements best describes how you use the Guide?
(You may tick as many boxes as appropriate)

I used it more when I first became a trainer than I do now	☐ 15	39%	☐ 01	(14)
I just dip into it occasionally when the need arises	☐ 19	49%	☐ 01	(15)
I try to follow the topics and activities set out in the Guide	☐ 2	5%	☐ 01	(16)
I use it fairly systematically to make sure I've covered the ground	☐ 6	15%	☐ 01	(17)
I use it as a stimulus for discussion with my trainee	☐ 18	46%	☐ 01	(18)
I refer my trainee to it occasionally	☐ 11	28%	☐ 01	(19)
I use it to set the agenda for tutorials	☐ 14	36%	☐ 01	(20)

C We are interested in how you felt the Guide affected your trainee's experiences in the practice

- 20 How relevant was the Guide to the development of your trainee's expertise in the following areas? (Tick one box for each area on a scale of 1 to 4)

Area of Developing Expertise	Relevance of the Guide								
	Very relevant				Not really relevant				
	1	%	2	%	3	%	4	%	
• Working with patients	0	0	6	15	15	39	10	26	1 2 3 4 9 (21)
• Working with your trainer	2	5	4	10	16	41	8	21	1 2 3 4 9 (22)
• Working with practice staff	0	0	3	8	17	44	11	28	1 2 3 4 9 (23)
His/her competency in diagnosis									
• History	0	0	9	23	16	41	6	15	1 2 3 4 9 (24)
• Clinical examination	0	0	9	23	16	41	6	15	1 2 3 4 9 (25)
• Radiography	0	0	5	13	18	46	8	21	1 2 3 4 9 (26)
• Treatment planning	0	0	9	23	18	46	4	10	1 2 3 4 9 (27)
His/her practice management skills									
• Fees and remuneration	1	3	3	8	17	44	10	26	1 2 3 4 9 (28)
• Staff management and training	0	0	4	10	17	44	10	26	1 2 3 4 9 (29)
• Communicating with patients	2	5	9	23	11	28	9	23	1 2 3 4 9 (30)
• Communicating with parents	1	3	5	13	16	41	9	23	1 2 3 4 9 (31)
• Communicating with relatives	1	3	5	13	16	41	9	23	1 2 3 4 9 (32)
• Communicating with colleagues	1	3	7	18	14	36	9	23	1 2 3 4 9 (33)

- 21 To what extent did the Guide complement the following training activities?
(Please tick one box for each area on a scale of 1 to 4)

	A lot				Not at all					
	1	%	2	%	3	%	4	%		
Problem solving	☐ 1	3	☐ 9	23	☐ 12	31	☐ 9	23	1 2 3 4 9	(34)
Giving feedback on performance	☐ 2	5	☐ 6	15	☐ 13	33	☐ 9	23	1 2 3 4 9	(35)
Tutorials	☐ 8	21	☐ 10	26	☐ 11	28	☐ 1	3	1 2 3 4 9	(36)
Informal discussions	☐ 3	8	☐ 10	26	☐ 12	31	☐ 5	13	1 2 3 4 9	(37)
Providing sources of reference and further information	☐ 5	13	☐ 11	28	☐ 7	18	☐ 7	18	1 2 3 4 9	(38)

PLEASE GO ON TO SECTION E

- D We are interested in why you did not use the Guide at all

- 22 To what extent do you agree with the following statements?
(Tick one box for each statement on a scale of 1 to 4)

	Strongly agree				Disagree					
	1	%	2	%	3	%	4	%		
I prefer to use my own training approach	☐ 1	3	☐ 1	3	☐ 2	5	☐ 0	0	1 2 3 4 9	(39)
I prefer just to let the training approach develop	☐ 1	3	☐ 1	3	☐ 1	3	☐ 1	3	1 2 3 4 9	(40)
I haven't the time to wade through the Guide	☐ 0	0	☐ 1	3	☐ 3	8	☐ 0	0	1 2 3 4 9	(41)
The Guide is too structured, I prefer to handle problems as they present themselves	☐ 2	5	☐ 0	0	☐ 3	8	☐ 0	0	1 2 3 4 9	(42)
My trainee never used it, so I never felt the need to	☐ 3	8	☐ 2	5	☐ 1	3	☐ 0	0	1 2 3 4 9	(43)
I'd hope that my trainee would come to me first before using a guide	☐ 5	13	☐ 1	3	☐ 0	0	☐ 0	0	1 2 3 4 9	(44)

PLEASE NOW GO ON TO SECTION E

E Finally, we are interested in your overall experience as a trainer

- 23 Based on your own experience, how would you rate the importance of the following aspects of the training year?

(Please tick one box for each statement on a scale of 1 to 4)

	Very important				Not important										
	1	%	2	%	3	%	4	%	1	2	3	4	9	(45)	
An easy working relationship with my trainee	36	92	3	8	0	0	0	0	0	1	2	3	4	9	(45)
Regular evaluation of my trainee's clinical standards	25	64	12	31	0	0	0	0	0	1	2	3	4	9	(46)
Regular planned tutorials with my trainee on a particular topic	16	41	17	44	4	10	2	5	1	2	3	4	9	(47)	
Informal chats with my trainee as particular problems arise	33	85	6	16	0	0	0	0	0	1	2	3	4	9	(48)
Using resources like the Training Guide	18	46	0	0	16	41	3	8	1	2	3	4	9	(49)	
Using other resources, such as journals and videos	3	8	23	59	11	28	1	3	1	2	3	4	9	(50)	

- 24 What, in your opinion, has contributed most to your effectiveness as a trainer?

(51-54)

- 25 The Training Guide is a new initiative in vocational training in dentistry. Have you any suggestions as to how this approach might be developed in future?

(55-58)

THANK YOU FOR YOUR HELP